



**Service Credit Verification
for
Retirement Plan Participation**

The Benefits Office will notify you when you are eligible to participate in the Retirement Plan for Employees of Universities Research Association, Inc.

1. Employee Name _____ I.D. _____

2. Most Recent Prior Employer _____

Please indicate if your most recent prior employer was:

a. URA Institution

Yes _____ No _____

b. FFRDC (Federally Funded Research & Development Center)

Yes _____ No _____

If you answered yes to question # 2, please complete the entire form. If you answered no to question # 2, you do not need to finish completing the form.

3. Dates of Employment Start _____ End _____
(Employment at a URA Institution or FFRDC)

4. Title/Position _____

5. Full time _____ Part time _____

6. Hours worked and paid per week _____

7. Name of Supervisor _____

8. Supervisors Telephone No. _____

I certify that the above information is correct

Signature _____ Date _____

Benefits Office Use Only

Eligible _____ No _____ Yes _____ Eligibility Date _____

Benefits Office Representative _____ Date _____

Pre-97 Benefits _____ Benefits Office Representative _____

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